

TOWN OF CARMEL

60 McAlpin Ave.
Mahopac, New York 10541
Tel. (845) 628-1500

APPLICATION FOR ALARM PERMIT

() Residential Fee \$25.00

() Commercial Fee \$25.00

OFFICE USE ONLY

Application # _____

Application Date _____

Permit # _____

Date Issued: _____

Fee Received: _____

INSTRUCTIONS: Answer all questions completely. Supply any additional information helpful for consideration of approval of this application. Errors, misstatement of facts or omission of facts shall be cause for refusal of permit or for immediate revocation of alarm permit, if issued.

NAME OF APPLICANT: _____

ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

HOME PHONE: _____ WORK PHONE: _____

SPECIFIC LOCATION OF ALARMED PREMISE: _____

IS THIS FOR: () RESIDENTIAL, () COMMERCIAL, OR () OTHER

PARTIES TO BE CONTACTED TO RESPOND TO AN EMERGENCY AT THE ALARMED PREMISES:

1. NAME: _____

ADDRESS: _____

PHONE (DAY): _____ NIGHT: _____

2. NAME: _____

ADDRESS: _____

PHONE: (DAY): _____ NIGHT: _____

THIS IS AN APPLICATION TO INSTALL AND/OR MAINTAIN THE FOLLOWING:

() BURGLAR () FIRE, OR () PANIC ALARM
(2)

THIS SYSTEM IS/WILL BE:

- () CONNECTED TO A PRIVATE MONITORING FACILITY (CENTRAL ALARM STATION COMPANY)
() NOT CONNECTED TO A PRIVATE MONITORING FACILITY BUT CONNECTED TO (SPECIFY): _____
DATE CONNECTED: _____

WITH WHICH OF THE FOLLOWING FEATURES IS YOUR SYSTEM EQUIPPED:
(CIRCLE ALL THAT APPLY):

1. INTRUSION DETECTORS
2. PANIC BUTTON
3. SMOKE OR FIRE DETECTORS (EXEMPT FROM THIS LAW IS DESIGNED TO ALERT ONLY THE OCCUPANTS OF THE PREMISES WHERE MAINTAINED).
4. OUTSIDE AUDIBLE TO AUTOMATICALLY RESET IN 15 MINUTES OR LESS.

INDICATE THE NAME OF THE PERSON OR FIRM SELLING, INSTALLING OR MODIFYING YOUR ALARM SYSTEM:

NAME: _____

ADDRESS: _____

PHONE: _____ DATE INSTALLED: _____

Do you have a maintenance agreement with an Alarm Company? If so, with whom?

NAME: _____

ADDRESS: _____

DAY PHONE: _____ NIGHT PHONE: _____

EMERGENCY PHONE: _____

The Town of Carmel may suspend or revoke the subscriber's permit for falsification or omission of information or for non-compliance with the standards and regulations set forth in the Code of the Town of Carmel, entitled "Alarm Devices and Systems".

NOTICE: PURSUANT TO THE PENAL LAW OF THE STATE OF NEW YORK, SECTION 210.45, IT IS A CRIME PUISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

I, THE BELOW NAMED APPLICANT, CERTIFY THAT THE FOREGOING INFORMATION IS TRUE. IN CONSIDERATION FOR THE ISSUANCE OF A PERMIT HEREUNDER, APPLICANT HEREBY AGREES TO HOLD THE TOWN OF CARMEL HARMLESS FROM ANY LIABILITY ARISING OUT OF THE OPERATION OF THE ALARM SYSTEM DESCRIBED HEREIN, OR THE OPERATIONS OF ANY EQUIPMENT TO WHICH THE SYSTEM IS CONNECTED, EITHER FROM ACTS OF COMMISSION OR OMISSION.

Dated: _____ Signature: _____

AUTHORIZATION FOR PANIC ALARM SYSTEM ONLY

In order to insure the safety of the persons or property within the described building, the below named applicant authorizes the Carmel Police Department to effect entry into the described premises by whatever means necessary.

Dated: _____ Signature: _____

The above named applicant is responsible for the posting of the proper street address at the premises. Numbers should be at least two (2) inches in height.

The applicant is required to notify the Building Department no less than ten days prior to any changes in the alarm system specified herein.

RETURN APPLICATION TO: TOWN OF CARMEL TOWN HALL
60 MCALPIN AVENUE
MAHOPAC, N.Y. 10541

ATTN: ALARM PAYMENTS

By order of the Town Board of the Town of Carmel, N.Y.



Town of Putnam Valley
2011 APPLICATION FOR ALARM USER PERMIT

EILEEN ROY AEL
Town Clerk/Tax Receiver
 eroyal@putnamvalley.com

Deputy Town Clerks
PATRICIA RAU / prau@putnamvalley.com
SANDY MCKECKEN / smckeck@putnamvalley.com

NEW _____ RENEWAL _____ E-mail address _____

NAME OF OCCUPANT OR BUSINESS _____

ADDRESS _____

NEAREST CROSS STREET _____ TYPE OF PREMISES _____

HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

MAILING ADDRESS _____

PASS CODE TO BE USED TO CANCEL ALARM _____

ALARM COMPANY THAT PRESENTLY SERVICES THIS SYSTEM: _____

ADDRESS _____

PHONE NUMBER _____

THE SYSTEM AUTOMATICALLY NOTIFIES: (CHECK ONE) ALARM COMPANY _____

PUTNAM COUNTY SHERIFF'S DEPARTMENT _____ OTHER (SPECIFY) _____

OTHER PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

1. NAME _____ RELATION _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

2. NAME _____ RELATION _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____

HOUSE KEYS AT: _____ ALARM KEYS _____

ADDITIONAL INFORMATION WHICH MAY BE USEFUL TO SHERIFF OR FIRE DEPARTMENTS RESPONDING TO YOUR ALARM: _____

PUTNAM VALLEY TOWN LAW REQUIRES THE SYSTEM TO AUTOMATICALLY SILENCE OUTSIDE SOUNDING DEVICE AFTER FIFTEEN MINUTES.

I hereby certify that the above information is correct and true and that I am the individual responsible for the operation of the above listed alarm system.

DATE	SIGNATURE	PRINT
PLEASE REMIT CHECKS TO:	PUTNAM VALLEY TOWN CLERK	ALARM PERMIT FEES:
	265 OSCAWANA LAKE ROAD	Residential \$25.00 New Alarm
	PUTNAM VALLEY, NY, 10579	\$12.50 Renewal
	RE: ALARM PERMITS	Commercial \$90.00 New Alarm
		\$45.00 Renewal

PLEASE DO NOT WRITE BELOW LINE

PERMIT # _____ DATE OF ISSUE _____ DATE OF EXPIRATION _____

SIGNED _____ TOWN OF PUTNAM VALLEY PRINTED _____